

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

7/12/4

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1		1			
TOTAL DEP.	13		13			
TOTAL CLAIMS	14		14			

* 7/12/4 *

	IND.		DEP.		IND.		DEP.	
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TOTAL IND.	2		3		1			
TOTAL DEP.	22		35		15			
TOTAL CLAIMS	24		38		16			

BEST AVAILABLE COPY

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)

14 + 16 = 30

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